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Bib Data Sheet

CONFIRMATION NO. 8437

<b>SERIAL NUMBER</b> 10/689,568	<b>FILING OR 371(c) DATE</b> 10/20/2003 <b>RULE</b>	<b>CLASS</b> 351	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b> VOL 1734 PA/27109.32
<b>APPLICANTS</b> Denwood F. Ross III, Austinburg, OH; Tim D. Edwards, Cleveland, OH; C. Thomas Marek, Findlay, OH;				
<b>** CONTINUING DATA **</b> <i>Yes</i> This appln claims benefit of 60/419,452 10/18/2002 and claims benefit of 60/419,799 10/19/2002				
<b>** FOREIGN APPLICATIONS **</b> <i>None</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/17/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Hruslik</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 25
				<b>INDEPENDENT CLAIMS</b> 81
<b>ADDRESS</b> 23368				
<b>TITLE</b> Sterilizable ophthalmoscopy lens system				
<b>FILING FEE RECEIVED</b> 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	